



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121478

1. DATE OF REPORT 3/25/2013	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	
3. COMMITTEE MAILING ADDRESS 1400 FORUM BLVD STE C-1#366 CITY / STATE / ZIP COLUMBIA MO 65203	4. COMMITTEE TELEPHONE NUMBER (573) 239-7916
5. TREASURER'S NAME RICHARD KING	
6. TREASURER'S MAILING ADDRESS 109 WEST PARKWAY CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 875-3640 WORK: (573) 874-1944
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATS LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 289-4067
11. DATE OF ELECTION 4/2/2013	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/17/2013 THROUGH 3/21/2013	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY IAN THOMAS 2616 HILLSHIRE DRIVE COLUMBIA MO 65203 (573) 239-7916 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 25 2013 12:12PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 25 2013 12:12PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
IAN THOMAS FOR 4TH WARD	3/25/2013	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 16,270.22		
2. All Monetary Contributions Received This Period	\$ 6,660.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 6,660.00			
6. In-kind Contributions Received This Period	+ 998.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 7,658.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 23,928.22		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 2,336.37		
10. Expenditures made by cash or check this period	\$ 5,688.69			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 500.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 6,188.69			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 8,525.06		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 14,029.63
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 6,660.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 5,688.69 b) Disbursements By Cash \$ 0.00	- 5,688.69
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 15,000.94
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 500.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 500.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 1,000.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD		2. REPORT DATE 3/25/2013	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 7,658.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 7,658.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6,660.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 998.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 998.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 6,660.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 6,660.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dee Dokken CITY / STATE: 804 Again St Columbia MO 65203 EMPLOYER: Univ of MO -- Nurse <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Kovalski CITY / STATE: 2700 Chapel Wood View Columbia MO 65203 EMPLOYER: Callaway Nuclear Plant -- Nuclear Engineer <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Al Tacker CITY / STATE: 1708 Princeton Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/20/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Grant CITY / STATE: 701 Medavista Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/20/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Werner CITY / STATE: 1316 Leegate Rd NW Washington DC 20012 EMPLOYER: Delaware Dept of Nat'l Resources -- Manager <input type="checkbox"/> COMMITTEE:	2/23/2013 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Curt Fuchs CITY / STATE: 3900 Faurot Dr Columbia MO 65203 EMPLOYER: State of MO -- Educator <input type="checkbox"/> COMMITTEE:	2/25/2013 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis & Carlynn Trout CITY / STATE: 510 Edgewood Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/25/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Daniel Hall CITY / STATE: 7451 Chimney Ridge Rd Columbia MO 65203 EMPLOYER: State of MO -- Attorney <input type="checkbox"/> COMMITTEE:	2/27/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Brendon Steenberg CITY/STATE: 457 Garfield St Seattle WA 98109 EMPLOYER: Univ of WA -- Dir of Philanthropy <input type="checkbox"/> COMMITTEE:	2/28/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ray & Janice Harder CITY/STATE: 1806 Bluff Pointe Dr Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	2/28/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reza Farid CITY/STATE: 2981 W Picket Post Columbia MO 65203 EMPLOYER: Univ of MO -- Assoc Prof <input type="checkbox"/> COMMITTEE:	3/1/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ted Groshong CITY/STATE: 2600 Limerick Ln Columbia MO 65203 EMPLOYER: Univ of MO -- Physician <input type="checkbox"/> COMMITTEE:	3/2/2013 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Sleadd CITY/STATE: 607 Bluff Dale Dr Columbia MO 65201 EMPLOYER: Columbia College -- Professor <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herbert & Susan Tillema CITY/STATE: 306 Westridge Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allen & Marian Hjelmfelt CITY/STATE: 1004 Maplewood Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Sturz & Polina Malikin CITY/STATE: 109 Anderson Ave Columbia MO 65203 EMPLOYER: True False Film Fest -- Director <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Darwin & Axie Hindman CITY / STATE: 1223 Frances Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chip & Jane Cooper CITY / STATE: 500 Longfellow Ln Columbia MO 65203 EMPLOYER: Cimarron Capital -- Portfolio Mgr <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 200.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Milanich CITY / STATE: 702 W Rollins Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carole Riesenber CITY / STATE: 409 Maupin Rd Columbia MO 65203 EMPLOYER: Tolton High School -- Educator <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Twaddle & Sarah Wolcott CITY / STATE: 919 Edgewood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donna Kessell CITY / STATE: 715 Lyons St Columbia MO 65203 EMPLOYER: State of MO -- TR Aide <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Hayday CITY / STATE: 106 Rockingham Dr Columbia MO 65203 EMPLOYER: Student <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert & Anne Jacobson CITY / STATE: 1112 W Rollins Columbia MO 65203 EMPLOYER: Research Scientist <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dennis Murphy CITY / STATE: 208 S Garth Columbia MO 65203 EMPLOYER: Univ of MO -- Graphic Designer <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Margaret Tyler CITY / STATE: 805 Edgewood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patty Clover CITY / STATE: 915 W Rollins Columbia MO 65203 EMPLOYER: Clovers Inc -- Owner <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl & Anne Orazio CITY / STATE: 3503 Balkan Ct Columbia MO 65203 EMPLOYER: USGS -- Scientist <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David and Ann Mehr CITY / STATE: 714 Ingleside Dr Columbia MO 65201 EMPLOYER: Columbia Public Sch -- Teacher <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rob Bartel CITY / STATE: 115 W Ridgeley Rd Columbia MO 65203 EMPLOYER: iGrafx LLC -- Software Engineer <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Quinn CITY / STATE: 719 W Broadway Columbia MO 65203 EMPLOYER: Univ of MO Extension -- Horticulture Specialist <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 60.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dana Fritz CITY / STATE: 216 Strawn Rd Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ian Thomas CITY/STATE: 2616 Hillshire Dr Columbia MO 65203 EMPLOYER: Self-employed -- Transportation Consultant <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 3,233.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sue Bader CITY/STATE: 104 Westwood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Blue Note CITY/STATE: 17 N 9th St EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 67.00	\$ 67.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Sparky's Ice Cream CITY/STATE: 21 S 9th St EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 210.00	\$ 210.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Main Squeeze CITY/STATE: 28 S 9th St EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/10/2013 ----- \$ 675.00	\$ 675.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Claire Baffaut & Dan Goldstein CITY/STATE: 604 Redbud Ln Columbia MO 65203 EMPLOYER: Univ of MO -- Asst Adjunct Professor <input type="checkbox"/> COMMITTEE:	3/11/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Beth Schillinger & Tom Ratermann CITY/STATE: 1200 Danforth Dr Columbia MO 65201 EMPLOYER: Boone Hospital -- Clinical Social Worker <input type="checkbox"/> COMMITTEE:	3/11/2013 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Still CITY/STATE: 2000 S Country Club Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/12/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Steve & Wendy Hofmann CITY / STATE: 102 Longfellow Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/12/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Valerie Bader CITY / STATE: 104 Westwood Columbia MO 65203 EMPLOYER: Univ of MO -- Instructor <input type="checkbox"/> COMMITTEE:	3/12/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Almut Gassmann CITY / STATE: 1700 Princeton Dr Columbia MO 65203 EMPLOYER: Columbia Public Sch -- Parent Educator <input type="checkbox"/> COMMITTEE:	3/13/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Almony CITY / STATE: 301 Rothwell Dr Columbia MO 65203 EMPLOYER: Self-employed -- Financial Advisor <input type="checkbox"/> COMMITTEE:	3/13/2013 ----- \$ 246.00	\$ 46.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura & Marvin Wells CITY / STATE: 25 E Stewart Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/14/2013 ----- \$ 40.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lawrence & Marilyn Ganong CITY / STATE: 111 Manor Ct Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/15/2013 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ron & Judith Carter CITY / STATE: 1244 Sunset Dr Columbia MO 65203 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE:	3/15/2013 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Moseley CITY / STATE: 408 Manor Dr Columbia MO 65203 EMPLOYER: Entrepreneur <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jill Moseley CITY / STATE: 408 Manor Dr Columbia MO 65203 EMPLOYER: Peach Tree Animal Hospital -- Veterinarian <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Roloff CITY / STATE: 200 Edgewood Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Dir of Alumni Relations <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Stiepleman CITY / STATE: 411 S Glenwood Ave Columbia MO 65203 EMPLOYER: Columbia Public Sch -- Administrator <input type="checkbox"/> COMMITTEE:	3/18/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim & Linda Harlan CITY / STATE: 511 S Glenwood Ave Columbia MO 65203 EMPLOYER: Harlan Harlan & Still -- Attorney <input type="checkbox"/> COMMITTEE:	3/19/2013 ----- \$ 350.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Parks CITY / STATE: 2501 Limerick Ln Columbia MO 65203 EMPLOYER: Emergency Physicians -- Physician <input type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenny Kvam CITY / STATE: 2604 Luan Ct Columbia MO 65203 EMPLOYER: Self-employed -- Landscape Contractor <input type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Schattgen CITY / STATE: 2200 Topaz Dr Columbia MO 65203 EMPLOYER: Univ of MO -- Ed Psychologist <input type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 90.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Overby CITY / STATE: 1118 W Rollins Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Mid-MO Labor Club CITY / STATE: PO Box 471 EMPLOYER: Fulton MO 65251 <input checked="" type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee IAN THOMAS FOR 4TH WARD		2. Report Date 3/25/2013	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 294.78
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 294.78
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 5,893.91
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 5,893.91
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 6,188.69
16. Amount of Line 15 Above which was Paid Out This Period			\$ 5,688.69
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 500.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE	DATE
IAN THOMAS FOR 4TH WARD	3/25/2013

AMOUNT PAID OR
INCURRED THIS PERIOD

CATEGORY OF EXPENDITURE	
Yard signs	\$ 75.00
Copies	\$ 71.40
Stamps	\$ 46.00
Postal box rent	\$ 33.00
Online fundraising fees	\$ 69.38
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE	
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE IAN THOMAS FOR 4TH WARD		REPORT DATE 3/25/2013	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Sign Rocket ADDRESS: 340 Broadway CITY/STATE: St Paul Park MN 55071	2/21/2013	Yard Signs \$ 0.00	\$ 825.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	2/26/2013	Printing \$ 0.00	\$ 392.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Midwest Mailing Service ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/11/2013	Mailing Service \$ 0.00	\$ 489.30 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/7/2013	Printing \$ 0.00	\$ 391.73 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Midwest Mailing Service ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/12/2013	Printing \$ 0.00	\$ 1,363.11 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Columbia Daily Tribune ADDRESS: 101 N 4th St CITY/STATE: Columbia MO 65201	3/12/2013	Ad \$ 0.00	\$ 1,134.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Main Squeeze ADDRESS: 28 S Ninth St CITY/STATE: Columbia MO 65203	3/15/2013	Food for Event \$ 0.00	\$ 225.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/18/2013	Printing \$ 0.00	\$ 391.73 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/18/2013	Printing \$ 0.00	\$ 181.54 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Progressive Political Partners LLC ADDRESS: 4001 S Coats Ln CITY/STATE: Columbia MO 65203	3/21/2013	Strategic Planning & Mgmt \$ 0.00	\$ 500.00 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --